

DEPARTMENT OF HEALTH AND HOSPITALS
Office for Citizens with Developmental Disabilities

SELF-DIRECTION OPTION



EMPLOYER HANDBOOK

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Section I: Introduction

Self-Direction Overview

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Self-Direction Overview

Self-Direction is a service delivery option which allows you, the participant, to become the employer of the people you choose to hire to provide supports for you. As the employer, you are responsible for recruiting, training, supervising, and managing the people you choose to hire. This option gives you, as a participant, the most control over your supports, but also the most responsibility.

Self-Direction is based on the principles of self-determination, which means that you have the ability or right to make your own decisions, and include the following:

- **FREEDOM** – the opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life.
- **AUTHORITY** – the ability to control some targeted amount of public dollars.
- **SUPPORT** – the ability to organize support in ways that are unique to you.
- **RESPONSIBILITY** – the obligation to use public dollars wisely and to contribute to your community.
- **CONFIRMATION** – the recognition that people with disabilities themselves must be a major part of the redesign of the human service system of long-term care.

With Self-Direction, you control the amount spent on wages and benefits for your employees within the guidelines established by the program in which you are enrolled. With assistance and approval from your support coordinator, you, as the employer, are required to budget payments for wages, benefits, and required employment-related taxes.

Your support coordinator will provide you with an initial training on Self-Direction, followed by on-going support and assistance as needed. Your support coordinator will continue to assist you with the development of your Plan of Care, budget planning, ongoing evaluation of supports and services, and organizing the unique resources that you need.

The fiscal/employer agent will process payroll for your employees at least twice per month and make the required tax withholdings and deposits with state and federal agencies on your behalf. All payrolls will be processed utilizing state approved payment mechanism. The fiscal/employer agent will send you reports of your spending so that you can keep track of the amount of service hours you have used and the amount you have remaining for use.

Self-Direction Enrollment Process

All of the following must be completed prior to starting the Self-Direction option:

1. Training: Your support coordinator will educate you on the material in the **Self-Direction Employer Handbook**. If you have any questions, ask your support coordinator. Your support coordinator will be able to provide you with answers and guide you through the process. After you have been trained and your questions have been answered, both you and your support coordinator will sign the **"Service Agreement"** form.
2. Standards for Employee: Your support coordinator will complete the **"Applicant Verification"** form to verify that your potential employees meet the qualifications of your program.
3. Forms are Completed: The **"Start-Up Packet"** contains the forms necessary to establish you as the employer, timesheets, payroll schedule, rate sheet, and employee application forms. These forms can be found and completed online or you can complete them and have your support coordinator assist with submitting the documents to the fiscal/employer agent. The fiscal/employer agent will ensure that the forms/documents found in the Start-Up Packet are complete and will clear your potential employees for hire.
4. Start Date: Your support coordinator will submit the **"Service Agreement"** form, **"Applicant Verification"** form, and other required forms located in the Start-Up Packet to Local Governing Entity (District or Authority). The Local Governing Entity will assign a **start date**. The start date will be the first (1st) of the month. However, all employment activities must be completed before the start date is effective.
5. Approved Plan: Your Plan of Care/Plan of Care Revision indicating the Self-Direction option must be approved and prior authorized. No service expenses related to the Self-Direction option may be incurred prior to this approval process.



Self-Direction is a choice. If you decide to stop the Self-Direction option, you may do so at any time by contacting your support coordinator. Your support coordinator will assist you in selecting a direct service provider agency from the OCDD Freedom of Choice list.

Differences in the Service Delivery Models

This table explains some of the differences in responsibilities and benefits between Self-Direction and the traditional direct service provider agency ("Agency") model.

Questions Regarding Service Delivery Models	Self-Direction	Agency
Who is the "employer?" Who has responsibility for hiring and firing my direct service workers?	Employer = Participant age 18 or more or the Authorized Representative of a participant under age 18	Provider Agency
Who is responsible for withholding and depositing employment related taxes and performing payroll functions?	Fiscal/Employer Agent = Payroll Agent for Employer	Provider Agency
Who determines the compensation and work related budgets for the employee(s)?	Employer with assistance and approval from your Support Coordinator	Provider Agency
Who recruits, trains, manages, evaluates, and dismisses employees?	Employer	Participant and/or Provider Agency
Who must ensure that criminal history checks are documented and that an applicant is eligible to be hired?	Fiscal/Employer Agent and Employer	Provider Agency
Who is responsible for on-the-job injury and other liabilities of the employee(s)?	Employer	Provider Agency
Who is responsible for providing back-up coverage for direct service workers?	Employer	Provider Agency
Who is responsible for complying with OCDD program rules?	Employer , Participant, Support Coordinator, and Fiscal/Employer Agent	Participant and Provider Agency
Who is responsible for monitoring service delivery?	Employer , Support Coordinator, and OCDD	Participant , Provider Agency, Support Coordinator, and OCDD
Who is responsible for monitoring employment related costs and staying in budget?	Employer , Support Coordinator, and Fiscal/Employer agent	Participant , Provider Agency

Participant Eligibility Criteria

To be eligible for participation in the Self-Direction option, a person must:

- Be a participant in an approved waiver containing a Self-Direction option. (Participant must be 18 years old to be the employer; if the participant is under 18 years of age or unable to make decisions independently, the family/mother/father/legal guardian/ authorized representative can be the employer.)
- Be able to participate in the Self-Direction option without a lapse in or decline in the quality of care or an increased risk to health and welfare.
- Complete the mandatory orientation provided by the support coordinator and/or the Office for Citizens with Developmental Disabilities (OCDD) related to self-direction option. (This includes an initial Self-Direction enrollment training provided by the participant's support coordinator and any on-going training that may be provided by the support coordinator, the fiscal/employer agent, or the OCDD.)
- Understand the rights, risks, and responsibilities of managing his/her own care and managing and using an individual budget. If the participant is unable to make decisions independently he/she must have a willing decision maker (family/mother/father/legal guardian/authorized representative as listed on the participant's Plan of Care).



Choosing Self-Direction as a Service Delivery Option

You will be informed of the Self-Direction option by your support coordinator at the time of your initial assessment, annually, and as requested by you and/or your authorized representative(s). If you are interested in Self-Direction, the support coordinator will provide you with detailed information regarding the differences between service delivery options, roles and responsibilities of each option, and benefits and risks associated with Self-Direction.

If you decide that you would like to participate in the Self-Direction option, your support coordinator will ensure that you receive a copy of the Self-Direction Employer Handbook and Start-Up Packet and assist you with the following activities:

1. Determine what supports you will need to participate in Self-Direction (e.g., minimum number of workers needed, access to fax machine or internet);
2. Arrange for needed supports and services;
3. Inform the Local Governing Entity of your decision to participate in Self-Direction in order to obtain a **projected** start date for the Self-Direction option enrollment process;
4. Inform you of the projected start date for the Self-Direction option;
5. Educate you on the material contained in Self-Direction Employer Handbook (as verified by the completed "**Service Agreement**" form). This includes training you to:
 - Recruit, hire, and provide training options for your employees,
 - Establish your employees' duties (consistent with service specifications and your support needs) and provide orientation and instructions,
 - Create your employees' schedule (consistent with service specifications your approved Plan of Care) and schedule employees,
 - Determine your employees' wages and benefits,
 - Train your employees how to document (progress notes) and report critical incidents,
 - Supervise employees,
 - Evaluate employee performance,
 - Verify and approve time worked by employees, and
 - When necessary, terminate employees.

6. Assist you in verifying applicants' qualifications (as verified by the completed "**Applicant Verification**" form); and
7. Assist you with completing the required forms in the Start-Up Packet.

The support coordinator will send the "**Service Agreement**," "**Applicant Verification**" form, and required forms/documents (as referenced in the Start-Up Packet) to the Local Governing Entity to request a start date for you to begin Self-Direction.

The Local Governing Entity will inform the support coordinator of your **established** Self-Direction start date, at which time the support coordinator will:

1. Inform you of the established start date to begin Self-Direction;
2. Meet with you and your authorized representative to revise your Plan of Care to reflect the established Self-Direction start date and to develop a back-up plan and emergency evacuation plan;
3. Submit the Plan of Care/Revision, updated back-up plan, and updated emergency evacuation plan to the Local Governing Entity for approval (Note: The Local Governing Entity will not approve the Plan of Care/Revision until clearance is received from the fiscal/employer agent that your Start-Up Packet is complete and that your employee(s) are cleared for hire.);
4. Notify the provider agency, as necessary, of your transition to Self-Direction;
5. Inform you of your beginning quarterly hours available for use in Self-Direction;
6. Submit the approved Plan of Care to the you/your authorized representative; and
7. Submit the demographic page and budget sheets from the approved Plan of Care to the fiscal/employer agent.

NOTE: You will be limited to beginning Self-Direction to the first of every month unless you are an initial waiver participant, a person transitioning from another Medicaid waiver program, or a participant who is terminating services with a direct service provider agency for good cause reason as determined by the Local Governing Entity.

Determining Who Must Be the Employer

The **EMPLOYER** is the person who must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

The person receiving services is the "**participant**." The participant may be the employer.

For a **MINOR** aged participant (a person under the age of 18), the EMPLOYER must be:

- The **parent** of a minor aged individual participant, or
- The **court appointed guardian** of the participant, or
- The **authorized representative** of the participant, or
- The **participant**, if married or emancipated by the court.

For an **ADULT** aged participant (a person age 18 or more), the EMPLOYER must be:

- The participant.
 - An **authorized representative** may make decisions on behalf of the participant/employer.
 - If interdicted, the **curator or curatrix** may make decisions on behalf of the participant/employer.



Employer Responsibilities

As an **Employer** in Self-Direction, you have additional **benefits** and **responsibilities** that you did not have when you were receiving services from a traditional direct service provider agency.

- You have the **benefit** of setting the hourly pay rate and benefits for your employee(s), within the guidelines established by your Self-Direction program. You also have the benefit of hiring your own employee(s).
- You also have the **responsibilities** that come with being an employer. As an employer you are required to:
 - Maintain your waiver eligibility.
 - Participate in required training, as requested by the Local Governing Entity.
 - Follow all rules and requirements pertaining to Self-Direction.
 - Recruit, hire, train, manage, and if necessary, terminate your employee(s).
 - Abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age, or disability.
 - Wait until the fiscal/employer agent clears your potential employee(s) for hire before you have them perform any job responsibilities for you.
 - Perform direct service worker registry checks every six months after the initial pre-hire check has been completed by the fiscal agent **using the instructions that follow:**

Instructions for completing a Search of the Direct Service Worker (DSW) Registry:

1. Go to www.labenfa.com
2. Click on the hyperlink entitled "Nurse Aide Registry/Direct Service Worker Registry"
3. On the "Employee Type" box/pull-down menu, select "DSW"
4. Type in the employee's social security number and enter
5. Click on the search icon to bring up existing records
6. Repeat steps 1 through 5 using the employee's first, middle, and last name
7. Repeat steps 1 through 5 using the employee's first and last name
8. Repeat steps 1 through 5 using the employee's first, middle and last name and date of birth
9. Repeat steps 1 through 5 using the employee's first and last name and date of birth
10. Repeat steps 1 through 5 using the name the employee typically uses if different from what has been used to complete previous searches

If the person's name appears, then that person has had a finding of abuse or neglect placed against him/her and you cannot hire

that person or allow him/her to continue working. If the person's name does not appear, then a finding of abuse or neglect has not been placed against him/her and he/she can continue working (presuming all other requirements for employment continue to be met). If this is the case the following message will appear in the box at the bottom of the page: "No Data. Verify the correct employee type was selected."

If the name appears on The Office of Inspector General's List of Excluded Individuals/Entities (LEIE) you may not hire this person.

You are responsible for checking the list at <http://exclusions.oig.hhs.gov> every 6 months to assure that the staff person's name does not appear.

- Ensure that your employees maintain the required, current training certifications. (A copy of the employee's current training certification(s) must be on file with the fiscal/employer agent in order for the employee to be paid for working with you.)
- Ensure that your employees maintain current automobile insurance if they will be transporting you in their own car. (A copy of the employee's current automobile insurance must be on-file with the fiscal/employer agent before the employee provides any employment-related transportation to you or any other individual in his/her own car.)
- Meet all your staffing needs as identified in your Plan of Care.
- Have a Back-Up Plan in place in the event that an employee does not show up for work.
- Have an Emergency Evacuation Plan in place in the event of a disaster.
- Establish a mutually agreeable work schedule for your employees.
- Establish a list of job responsibilities to be performed by your employees. (Your employees' job responsibilities must be consistent with the specifications for the service they are providing within your approved Plan of Care.)
- Complete all employer-related paperwork and the duties related to payroll.
- Review your payroll reports upon receipt to ensure that it is accurate. If not accurate, report the differences to your support coordinator.

Note: You, as the employer, will be personally responsible for any employee wages or supports that exceed the hours approved in the participant's approved Plan of Care and/or service specifications.

- Ensure that your employees complete the required service documentation, such as progress notes and timesheets.
- Maintain all required documentation as specified in Section II: Service Planning and Documentation Requirements, "Record Keeping Requirements."

- Inform the fiscal/employer agent and your support coordinator immediately if an employee is injured on the job.
- Inform the fiscal/employer agent and your support coordinator when an employee is terminated.



Supports Available to Assist Employers

Your **Support Coordinator** will continue to assist you with the development of your Plan of Care which includes gaining access to needed services including medical, social, educational, and other supports as identified.

Support coordinators are responsible for:

- Assisting you with learning about choices and options for services.
- Informing you of all Self-Direction rules, policies, and procedures.
- Assisting you with determining what supports are needed to help you participant in Self-Direction (e.g., minimum number of workers needed, access to fax machine or internet).
- Arranging for your needed supports and services.
- Providing you with training on information contained in the Self-Direction Employer Handbook. (This includes the process for recruiting, hiring and training employees; employee responsibilities; employee work schedules and scheduling employees; employee wages and benefits; supervising employees; evaluating employee performance; verifying and approving time/payroll documents; and employee termination.)
- Assisting you in completing required forms (e.g., Start-Up Packet, Plan of Care) for participation in the Self-Direction option.

- Assisting you with developing a job description, list of employee responsibilities, and employee work schedule.
- Verifying that potential employees meet program qualifications.
- Developing Back-Up Plan and Emergency Evacuation Plan.
- Assisting you with budget planning.
- Ensuring that all required information is kept up-to-date in the "Home Book." (The "Home Book" is defined in Section II: Service Planning and Documentation Requirements, "Record Keeping Requirements.")
- Ensuring that your needs are being met as indicated in your approved Plan of Care.
- Assisting you in with making changes to your Plan of Care as your needs change.
- Monitoring implementation of your plan of care to determine if outcomes are being met in the identified timeframes and/or modifying the plan of care as appropriate.

The **Fiscal/Employer Agent** is a required component of the Self-Direction option. The fiscal/employee agent will assist you in managing some of the financial responsibilities of being an employer and will process your employer-related payroll including deposit and withholding the necessary employment-related taxes on your behalf.

The fiscal/employer agent will verify that your employment-related paperwork, as found in the Start-Up Packet, is completed correctly. The fiscal/employer agent will notify you if there are any errors that prevent you or your employees' paperwork from being processed. It is important that you submit corrected forms to the fiscal/employer agent in a timely manner to prevent any service delays.

The fiscal/employer agent will also notify you once your potential employees are clear for hire. **You must not allow any person/applicant/potential employee to begin working for you until the fiscal/employer agent notifies you that person/applicant/potential employee is clear for hire.** Please note that it will take the fiscal/employer agent approximately four (4) business days to process your employees' required paperwork. If you do not receive notification from the fiscal/employer agent within this timeframe, then you should contact your support coordinator or the fiscal/employer agent.

Twice per month the fiscal/employer agent will send you and your support coordinator payroll reports of your spending. You should review each payroll report as soon as you receive it to make sure that funds have been spent in a manner consistent with your Plan of Care and Purchasing Plan/Employee Rate Sheet. Any differences in the payroll report should be reported immediately to your support coordinator.

If you do not receive your report at the end of each payroll, you should contact the fiscal/employer agent or your support coordinator.



Voluntary Termination

You may choose to leave Self-Direction at **any time** to receive services from a traditional direct service provider agency. You will need to contact your support coordinator so that arrangements can be made to assist with transitioning to a direct service provider agency. Your support coordinator will provide you with a Freedom of Choice listing so that you can choose an enrolled direct service provider agency in your region.

If you choose to voluntarily stop participating in the Self-Direction option, you must wait at least 90 days (3 months) before requesting to resume the Self-Direction option again.

Involuntary Termination

You may be involuntarily terminated from the Self-Direction option if **any** of the following criteria is met:

1. If at any time OCDD determines that your health, safety, and welfare is compromised by continued participation in the Self-Direction option.

2. If there is evidence that you are no longer able to direct your care, and the support coordinator agrees that there is no responsible authorized representative to direct your care.
3. If you, or your authorized representative, permit your employees to work over the hours approved in your Plan of Care over three (3) payment cycles in a year period.
4. If you, or your authorized representative, permit your employee to work over the approved waive cap. If you or your authorized representative places barriers to the payment of the salaries and related employment taxes of employees over three (3) payment cycles in a year period.
5. If you, or your authorized representative, fail to provide documentation of services, such as progress notes, and expenditures or fail to cooperate with the fiscal/employer agent or support coordinator in preparing any additional documentation of services or expenditures.
6. If you, or your authorized representative, fail to follow the policies and procedures of the Self-Direction option.
7. If you become ineligible for Medicaid and/or waiver services.
8. If there is proof of misuse of public funds, such as if you or your authorized representative commit Medicaid fraud.

Note: When action is taken to terminate a participant from Self-Direction involuntarily, the support coordinator will immediately assist the participant in accessing needed and appropriate services through the Waiver and other available programs, ensuring that no lapse in necessary services occurs for which the participant is eligible. There is no denial of services, only the transition to a different payment option. The participant and support coordinator are provided with a written notice explaining the reason for the action and citing the policy reference.

Participant Discharge Criteria

You will be discharged from the Waiver and the Self-Direction option if one of the following criteria is met:

1. Loss of Medicaid eligibility as determined by the parish Medicaid Office.
2. Loss of eligibility for an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) level of care as determined by the Local Governing Entity.
3. Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities for more than thirty (30) days.
4. Change of residence to another state with the intent of becoming a resident of that state.

5. Admission to an ICF/DD facility or nursing facility with the intent to not return to waiver services. [You will return to waiver services, when documentation is received from the treating physician that the admission is temporary and shall not exceed ninety (90) days. You will be discharged from the Waiver on the 91st day if you are still in the ICF/DD facility. Payment for waiver services will not be authorized while you are in an ICF/DD facility or nursing facility.]
6. Determination by the Local Governing Entity (LGE) that your health and welfare cannot be assured in the community through the provision of reasonable amounts of waiver services (i.e., you are a danger to yourself or others).
7. Failure to cooperate in any eligibility determination process, the initial or annual implementation of the approved Plan of Care, or the responsibilities of the waiver participant.
8. Continuity of stay is interrupted as a result of your not receiving waiver services during a period of thirty (30) or more consecutive days. (For NOW participants, support coordination is not a service and as such cannot be applied to the continuity of stay rule without the participant receiving another NOW service.)
 - a. Continuity of Stay will not apply to interruptions in waiver services because of hospitalization or institutionalization (such as admission to an ICF/DD or nursing facility) as long as there is documented expectation from the treating licensed physician that you will return to waiver services no later than ninety (90) days from admission to the hospital or institution.
 - b. Continuity of stay will not apply if a family member has agreed to provide all needed and paid natural supports as documented in the annual Plan of Care during a non-routine lapse of time in waiver services. This suspension of continuity of stay will not exceed ninety (90) days. During this period, the OCDD will not authorize payment for any waiver services.

Section II: Service Planning and Documentation Requirements

Accessing Services

Service Planning

Back-Up and Emergency Planning

Self-Directed Services and Limits

Service Documentation Requirements

Record Keeping Requirements

Service Monitoring

Types of Expenses in Self-Direction

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Accessing Services

The support coordinator/support coordination agency is a resource to assist you in the coordination of needed supports and services. You choose a support coordination agency through a Freedom of Choice listing provided upon acceptance of a waiver opportunity.

Before accessing waiver services, your Louisiana licensed primary care physician must complete the Bureau of Health Services Financing (BHSF) **"Request for Medical Eligibility Determination" Form 90-L**. This form is used by the Local Governing Entity to determine if you meet the eligibility requirements of your respective waiver program. The Form 90-L is provided to you by your support coordinator.

The Form 90-L must be completed, signed, and dated by your Louisiana licensed primary care physician and be submitted with your initial and annual Plan of Care.

You will receive a copy of the Form 90-L from your support coordinator who will let you know the deadline for having the form completed. You and your authorized representative are ultimately responsible for obtaining the completed Form 90-L from your primary care physician within the following timeframes:

- If you are an initial waiver participant, the completed Form 90-L must be submitted to your support coordinator within thirty-five (35) days following linkage to a support coordination agency.
- If you are not an initial waiver participant, then the completed Form 90-L must be submitted to your support coordinator no more than ninety (90) days before the annual Plan of Care start date.

Service Planning

The amount of services you need is documented in your Plan of Care. Your Plan of Care is developed using a person-centered planning process which includes you, your support coordinator, your family/authorized representative, and others who you wish to have included in the process. This group is hereafter referred to as your **support team**.

The Plan of Care is completed by your support team to determine:

- Your needs and the types of supports required to meet those needs;
- The amount of time, frequency, and duration required for delivery of your services;
- Your personal outcomes, goals, and the strategies to help you achieve or maintain your personal outcomes; and
- The people who will assist you in meeting your personal outcomes.

The Plan of Care is defined by a specific twelve (12) month period, which is termed the **service year**. This year begins on the date that your Plan of Care is approved by the Local Governing Entity and lasts for a twelve (12) month period (e.g., July 1, 2008 through June 30, 2009). The original Plan of Care start date and Plan of Care end date will remain the same every year even if your Plan of Care is amended or revised.

On an **annual** basis, your support team will meet to review and revise your Plan of Care, Back-Up Plan, and Emergency Evacuation Plan for the upcoming service year. Your support coordinator is responsible for submitting your annual Plan of Care to the Local Governing Entity for review and approval.

How Many Hours Am I Approved To Receive Each Week?

Authorized hours, approved by the Local Governing Entity, are based on your need for care and support. These hours belong to you and should be scheduled to best meet your needs; your hours should not be scheduled to accommodate the employee.

The hours of services and supports that you can receive each day, to meet your support needs and to achieve your personal outcomes, are listed in the "**Typical Weekly Schedule**" section of your approved Plan of Care. The Typical Weekly Schedule designates whether the service or support is to be provided by yourself, your family, your friend, your school, your work, your waiver direct support worker, or other paid support. Each paid support has a service code assigned to it, which will be included in your plan of care.

It should be noted that the Typical Weekly Schedule is intended to be flexible because your daily routine may change depending on your support needs or personal preferences. However, when there are deviations (changes), in your Typical Weekly Schedule from what is specified in your Plan of Care, a progress note must be completed to describe the reason for the deviation (change).

The “**Typical Alternate Schedule**” section of your approved Plan of Care identifies the days that you will need additional hours of service or supports based on the possibility that your needs may increase (i.e., holidays, school closures, work schedule changes, etc.).

Hours that are not used during the quarter will **not** roll-over to the next quarter. This means that the hours not used cannot be used in the next quarter.

Remember, you, as the employer, are responsible for keeping track of the hours available for use when you are participating in the Self-Direction option. You should never ask your employees to work more than the maximum number of hours per day that are approved in your Plan of Care nor should you ask them to exceed the maximum number of hours as defined by the service specifications (i.e., an employee cannot exceed 16 hours of support in a 24 hour period). If your employee does this, then he/she will not be paid for the extra hours unless the Local Governing Entity determines that the extra time was due to extenuating circumstances.

The semi-monthly (twice monthly) payroll report provided by the fiscal/employer agent will let you know how many hours you have used and how many hours you still have to use in the Self-Direction option. If you don't know or you need some help, contact your support coordinator for assistance.

Modifications to the Plan of Care

You or your authorized representative may request modifications to your Plan of Care by contacting your support coordinator. You should contact your support coordinator **at least ten (10) days** before you know that a routine change in your Plan of Care is needed. Routine changes may include planned vacations, business trips, and day trips.

If there is an emergency situation, you must notify your support coordinator as soon as possible so that arrangements can be made to modify your Plan of Care. Emergency situations could include Acts of God (hurricanes, tornadoes, fires) or an emergency your authorized representative may have.

Remember, you **cannot** implement any changes to your Plan of Care without the prior approval of the Local Governing Entity.

Back-Up and Emergency Evacuation Planning

Your support coordinator will assist you in developing the following:

1. A Back-Up Plan: Explains what you will do if your employees don't arrive to work as planned; and
2. An Emergency Evacuation Plan: Describes what you will do in the case of an emergency or disaster.

Your support coordinator will submit your Back-Up Plan and Emergency Evacuation Plan with your Plan of Care to the Local Governing Entity for review and approval when you enroll in the Self-Direction option and for every year after that.

Back-Up Planning

When you hire your primary employees, you must also make arrangements for "back-up" employees to fill in when your regular employee is not available and for emergency situations.

Potential back-up employees must complete all of the necessary paperwork to determine employment eligibility, unless they are providing the service as a non-Medicaid paid worker. You may also include your family, friends, and others to provide assistance in these situations without payment. If you must have services and an employee or caregiver is not available, you may need to access a respite provider if you have Center-Based Respite services approved in your Plan of Care.

Your Plan of Care must include a Back-Up Plan to assure that all necessary services critical to your health and welfare are provided as needed when service delivery is interrupted by the absence of your regular employee.

Methods you may employ for back-up services include:

1. Hire and use paid part-time and/or back-up employees.
2. Discuss options with your family and friends to see what resources and supports may be available to you in your community.
3. Use someone you know to assist you, without pay, for a short-term period.

4. If you know other Self-Direction employers who have employees that are part-time and/or want additional hours, use these as your back-up employees. (As a group, a pool of back-up employees may be available. The back-up person would need to be “employed” by each Self-Direction employer that he/she works for.)
5. If you have Center-Based Respite service approved on your Plan of Care, use these respite services on a short-term basis until your employee is available.

Emergency Evacuation Planning

An Emergency Evacuation Response Plan specifies how your needs will be met if there is an emergency situation (i.e., fire, hurricane, hazardous material release, tropical storm, flash flooding, ice storm, and terrorist attack).

You and your employees must participate in regular, planned opportunities to practice your emergency evacuation response plan to ensure that it will meet your needs.



Self-Directed Services and Limits

See Appendix VII-A

Service Documentation Requirements

You, as the employer, are responsible for ensuring that following service documentation requirements are completed:

- Timesheets
- Progress Notes

Timesheets

Self-directed services must be documented on a timesheet approved by the OCDD, which can be found in the Start-Up Packet.

Timesheets must be filled out correctly and completely and be submitted to the fiscal/employer agent by the payroll due date in order for your employees to be paid timely. Each payroll due date is specified on the Payroll Schedule found in the Start-Up Packet.

Timesheets may be faxed or submitted online at any time during the pay period; however, they must be sent by the payroll due date. Timesheets sent to the fiscal/employer agent after the payroll due date will be paid on the next payroll.

Timesheets will not be processed by the fiscal/employer agent if required information is missing, such as the employee or participant identification number, service code, dates of services, or employee or employer signature.

The employer is responsible for reviewing every timesheet to ensure that it is filled out completely and accurately. Both the employer and the employee must sign each timesheet to attest, or agree, that the hours and services recorded on the timesheet were delivered and received in accordance with the participant's approved Plan of Care. Do not sign blank timesheets.

You, with assistance from your support coordinator, will need to review your approved Plan of Care to ensure that you are able to identify what time you are approved to receive services.

Medicaid fraud is committed when an employer or employee is untruthful regarding services provided, in order to obtain improper payment. Medicaid fraud is a felony and conviction can lead to substantial penalties. Additionally, people convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid Fraud include:

- Submitting timesheets for services not actually provided (e.g., signing or submitting a timesheet for services which were not actually provided).

- Submitting timesheets for services provided by a different person (e.g., signing or submitting a timesheet for services provided by a different person).
- Submitting twice for the same service (e.g., signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source).

As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Fraud Unit for further investigation and possible prosecution.

Remember, any time you allow an employee to work hours that are not approved in your Plan of Care or which are not in agreement with the service definition and limitations, any of the following may occur:

- You will be involuntarily terminated from the Self-Direction option;
- Your employee will not be paid for the hours that he/she worked; and/or
- If your employee is paid, the funds paid may be recouped, or taken back.

Employers who allow their employees to work more than the authorized hours are taking advantage of their employees and risk losing them.

Progress Notes

Progress notes are notes that describe your day-to-day activities and progress toward achieving your personal outcomes, as identified in your approved Plan of Care, **which must be completed by your employees.**

Progress notes must be of sufficient content:

- To reflect descriptions of activities, procedures, and incidents;
- To give a picture of the service provided to you;
- To show progress towards your personal outcomes;
- To record any changes in your medical condition, behavior, or home situation which may indicate a need for reassessment and Plan of Care change;
- To reflect each entry in the timesheet; and
- To record any changes or deviations from the Typical Weekly Schedule in your approved Plan of Care.

The following are examples of general terms, when used alone, are **not** sufficient and do not reflect adequate content for progress notes:

- "Supported _____"

- "Assisted ____"
- "____ is doing fine"
- "____ had a good day"
- "Prepared meals"

Checklists alone are not adequate documentation for progress notes.

All progress note entries must be legible, written in ink, and must include:

- The name of the person making the entry,
- The title of the person making the entry,
- A legible signature of the person making the entry, and
- The full date of documentation

Progress notes do **not** need to be submitted to the fiscal/employer agent; however, your support coordinator will review your progress notes every quarter to monitor how you are progressing towards your personal outcomes.

Record Keeping Requirements

The "Home Book" contains all of the necessary information about your care, supports, and services, which is typically organized in a binder, and must be kept in your home.

You, as the employer, are required to keep the following records in your "Home Book":

- The **toll-free number** for your support coordination agency and the Waiver Helpline number;
- Your approved **Plan of Care** and any Revisions;
- The "*OCDD Rights and Responsibilities for Individuals Requesting Home and Community-Based Waiver Services*" form (known as the "**OCDD Rights and Responsibilities**" form);
- Your current **Form 90-L** signed by your Louisiana licensed primary care physician;
- The past three (3) months of employee **timesheets** (All other timesheets must be kept in a secure place in your home.);
- The past three (3) months of **progress notes** (All other progress notes must be kept in a secure place in your home.);
- The past three (3) months of **payroll reports** (as provided by the fiscal/employer agent). (All other payroll reports must be kept in a secure place in your home.);

- Any **critical incident reports**;
- **Employee Training** documentation (CPR and First Aid certification cards, Direct Service Worker Training certificate, if applicable, and record of disability-related training provided);
- **Job Description(s)** for your employee(s);
- Copy of the employee's **automobile insurance** or waiver letter; and
- **Seizure logs**, if applicable, (or other medical logs, if applicable).

A copy of the Employee's **employment documents**, which includes the following: Employee Rate Form, Form I-9, Form W-4, Employment Application, Provider Agreement, photocopy of the employee's Social Security card and ID card, and photocopy of automobile insurance or waiver letter must be kept in a secure place in your home, but does not need to be included in your "Home Book."

All the above named records must be kept in a secure place for the following time period:

- **Five (5) years** from the date of the last payment, or
- Until records are audited and all audit questions are answered.

Record requirements include the following agreements by the employer and participant:

1. **Access:** The Office for Citizens with Developmental Disabilities (OCDD) and all applicable federal, state, and local agencies or their representatives must have access to records to inspect, monitor, or evaluate your records, books, and supporting documents pertaining to services provided and services purchased and compliance with federal and state regulations.
2. **Retention:** The employer must retain most forms while in effect, plus five years after service delivery or termination of the employee, or until all outstanding litigation (lawsuits), claims and audits are resolved. Medical records must be maintained for five (5) years following service delivery.
3. **Maintenance:** Active records must be accessible. Inactive records must be stored and maintained in a safe area to ensure the confidentiality and condition of the records. The stored records must be accessible for inspection. The employer is responsible for adequately maintaining and accessing the records.
4. **Confidentiality:** The employer must not release information about an employee without the written permission of the individual outside of providing the information

to the fiscal/employer agent and to related federal and state agencies as required and requested, to include your support coordinator and the OCDD.



Service Monitoring

Your support coordinator is responsible for contacting you at least monthly to make sure that the information contained in your Plan of Care is still accurate, to track progress on your personal outcomes as identified on your Plan of Care, and to obtain updated information about your supports.

Based on your waiver requirement, your support coordinator will schedule a meeting with your support team to:

1. Determine if your personal outcomes, identified in your Plan of Care, have been achieved;
2. Determine if your needs are being met (This includes observing your worker providing services to you.);
3. Review the information contained in your "Home Book" for accuracy and completion;
4. Assess your satisfaction with services; and
5. Make necessary changes to your Plan of Care.

Note: The Support Coordinator will be required to monitor self-directed services quarterly for Children Choice waiver participants.



Types of Expenses in Self-Direction

The first category is for reimbursing an employee for services delivered in the form of **Wages**, which includes:

1. Hourly pay;
2. Taxes; and
3. Required payroll withholdings.

The second category is the reimbursement of expenses incurred by the employer or others on behalf of the participant in the form of **Employment-Related Expenses**, which includes:

1. Cardiopulmonary Resuscitation (CPR) and First Aid training, which is required for potential employees and current employees, and
2. Direct Service Worker training, provided by an approved agency, which is required for potential and current employees.

When you pay any of the above allowable and approved Employment-Related Expenses yourself ("out of pocket") then you must submit the "Request for Vendor Payment" form and applicable receipt(s) to the following address for reimbursement:

Office for Citizens with Developmental Disabilities
Attention: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821

The receipt must verify that the expense has been paid and include the following components:

- Specifications of the item purchased;
- Dollar amount of the item purchased;
- Date the item was purchased; and
- Vendor's name and identifying information (address, phone number, company stamp or letterhead).

It will take approximately two (2) weeks from the time you submit your receipt to OCDD before you will receive reimbursement. If the receipt does not contain the above information, it will be returned to you for correction and follow-up, which will delay the time for you to receive reimbursement.

Remember, all purchases and expenses must be **approved, allowable, necessary,** and **reasonably priced.**

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Section III: Employee Qualifications

Who Can Be An Employee?

Required Training for Employees

Criminal Convictions History Check

Convictions Barring Employment

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Who Can Be An Employee?

The potential employee/applicant must meet the following required qualification:

1. Be at least eighteen (18) years of age.
2. Have a high school diploma, GED, or trade school diploma in the area of human services, demonstrated competency, or has verifiable work experience in providing support to individuals with disabilities.
3. Be able to complete the tasks listed on the participant's Plan of Care.
4. Have current certification in Cardiopulmonary Resuscitation (CPR) and First Aid, as approved by the American Heart Association.
5. Have completed the Direct Service Worker training, at an approved training facility.
6. Must not be the employer or the employer's spouse.
7. Must not be the participant or the participant's spouse.
8. Must not be a parent, authorized representative, or spouse of an authorized representative, of the participant. Must not live in the same household as the participant.
9. Pass criminal history background and direct services worker registry checks. (The fiscal agent will verify that the applicant is not barred from employment initially based on the results of the criminal background and direct service worker registry checks.)

Note: See "Employer Responsibilities" Section in this Handbook for employer obligations related to subsequent direct service worker registry checks.

The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.

Required Training for Employees

Potential employees must have documentation that they have completed required training courses before they will be cleared for hire by the fiscal/employer agent.

The required training courses are:

1. First Aid Training;
2. Cardiopulmonary Resuscitation (CPR) certificate. , Direct Service Worker (DSW) training, as provided through an approved training facility.

First Aid & CPR Documentation

Employees are required to maintain **current** First Aid and CPR Certificates throughout the course of their employment. If your employees' First Aid and CPR Certificates expire, then they may not be paid for providing services to you under the Self-Direction option.

Please be aware that your employee must take the CPR course geared toward providing support to an **adult**, at a minimum. If the participant is a minor, then your employee should take the CPR course geared toward providing support to an adult and a child, at a minimum.

Remember, it is your responsibility, as the employer, to ensure that your employees maintain the appropriate training certificates and documentation. A copy of the employee's current training certificates must be on file with the fiscal/employer agent before your employees can provide paid services to you.

Criminal Convictions History Check

A criminal conviction history check must be obtained and verified by the fiscal/employer agent before an applicant/potential employee can be hired. This check provides assurance that persons you hire do not have a criminal convictions history that would prevent them from working in a health care setting.

Each applicant must have a criminal convictions history check completed before you can offer the applicant a job and before they perform any work for you. The applicant must authorize the fiscal/employer agent to access his/her criminal convictions history through the "Criminal Background Search Authorization Form" found in the Start-Up

Packet. The applicant must provide specific information that is required for the criminal convictions history check to be accessed.

The fiscal/employer agent will notify you once the applicant is cleared for hire. It will take the fiscal/employer agent approximately four (4) business days to process the criminal conviction history check. If you do not receive the results within this timeframe you should notify your support coordinator so that he/she can follow-up with the fiscal/employer agent and report the problem to the Self-Direction Program Manager.

Some criminal convictions prevent employment as a paid home care worker under Louisiana Register Volume 29, Number 9, September 20, 2003, Louisiana Revised Statutes, 40:1300.53, SB204 and Children's Code Title IV. There are no exceptions to this state law.

If there is a criminal conviction history that does not bar employment, you will be given a choice by the fiscal/employer agent to decide if you want the applicant working in your home. If you decide that you still want to hire the applicant then you must complete a "Criminal Background Check Waiver" form to acknowledge that you have been informed of the applicant's criminal conviction history and still want to hire him/her. The completed form must be signed by you, as the employer, and submitted to the fiscal/employer agent before an applicant will be allowed to work for you.

Note: Eligibility for a former employee must be re-established based on the date he/she is re-applying for employment. Eligibility must be confirmed and current as if the former employee had never worked for the employer before.

Convictions Barring Employment

A person may not be employed if he/she has been convicted of an offense listed below:

SB 204 provides a list of offenses which bar employment.

OFFENSES WHICH BAR EMPLOYMENT UNDER SB 204:

- | | | | |
|-----|----------|---|------------------------------------|
| 1) | 14:28.1 | - | Solicitation for Murder |
| 2) | 14:30 | - | First Degree Murder |
| 3) | 14:30.1 | - | Second Degree Murder |
| 4) | 14:31 | - | Manslaughter |
| 5) | 14:32.6 | - | First Degree Feticide |
| 6) | 14:32.7 | - | Second Degree Feticide |
| 7) | 14:32.12 | - | Criminal Assistance to Suicide |
| 8) | 14:34 | - | Aggravated Battery |
| 9) | 14:34.1 | - | Second Degree Battery |
| 10) | 14:34.7 | - | Aggravated Second Degree Battery |
| 11) | 14:35.2 | - | Simple Battery to The Infirm |
| 12) | 14:37 | - | Aggravated Assault |
| 13) | 14:37.1 | - | Assault By Drive-By |
| 14) | 14:37.4 | - | Aggravated Assault with Firearm |
| 15) | 14:38.1 | - | Mingling Harmful Substances |
| 16) | 14:42 | - | Aggravated Rape |
| 17) | 14:42.1 | - | Forcible Rape |
| 18) | 14:43 | - | Simple Rape |
| 19) | 14:43.1 | - | Sexual Battery |
| 20) | 14:43.2 | - | Second Degree Sexual Battery |
| 21) | 14:43.3 | - | Oral Sexual Battery |
| 22) | 14:43.5 | - | Intentional Exposure to AIDS Virus |
| 23) | 14:44 | - | Aggravated Kidnaping |
| 24) | 14:44.1 | - | Second Degree Kidnaping |
| 25) | 14:46.2 | - | Human Trafficking |
| 26) | 14:51 | - | Aggravated Arson |
| 27) | 14:60 | - | Aggravated Burglary |
| 28) | 14:62.1 | - | Simple Burglary of a Pharmacy |
| 29) | 14:64 | - | Armed Robbery |
| 30) | 14:64.1 | - | First Degree Robbery |
| 31) | 14:64.4 | - | Second Degree Robbery |

- 32) 14:66 - Extortion
- 33) 14:67.21 - Theft of Assets of an Aged Person or Disabled Person
- 34) 14:89 - Crime Against Nature
- 35) 14:89.1 - Aggravated Crime Against Nature
- 36) 14:93.3 - Cruelty to The Infirm
- 37) 14:93.4 - Exploitation of The Infirm
- 38) 14:93.5 - Sexual Battery of The Infirm
- 39) Distribution or possession with intent to distribute any Schedule I through V Controlled Dangerous Substance.

The following four offenses only bar employment in situations where the employer provides services to persons under the age of 21:

- 1) 14:44.2 - Aggravated Kidnaping of a Child
- 2) 14:80 - Felony Carnal Knowledge of a Juvenile
- 3) 14:81.2 - Molestation of a Juvenile
- 4) 14:93 - Cruelty to Juveniles

WAIVEABLE OFFENSES UNDER R.S. 40:1300.53:

- 1) 14:34.2 - Battery of a Police Officer
- 2) 14:35 - Simple Battery
- 3) 14:34.6 - Disarming of a Police Officer
- 4) 14:37.2 - Aggravated Assault Upon a Police Officer
- 5) 14:38 - Aggravated Assault
- 6) 14:40.2 - Stalking
- 7) 14:45 - Simple Kidnaping
- 8) 14:52 - Simple Arson
- 9) 14:52.1 - Simple Arson of a Religious Building
- 10) 14:53 - Arson with Intent to Defraud
- 11) 14:54.1 - Communicating of False Information of Planned Arson
- 12) 14:54.2 - Manufacture and Possession of Delayed Incendiary Devices
- 13) 14:54.3 - Manufacture and Possession of a Bomb
- 14) 14:55 - Aggravated Criminal Damage to Property
- 15) 14:64.2 - Carjacking
- 16) 14:65 - Simple Robbery
- 17) 14:65.1 - Purse Snatching
- 18) 14:78 - Incest
- 19) 14:78.1 - Aggravated Incest
- 20) 14:80.1 - Misdemeanor Carnal Knowledge of a Juvenile

- 21) 14:81 - Indecent Behavior with Juvenile
- 22) 14:81.1 - Pornography Involving Juvenile
- 23) 14:81.2 - Molestation of a Juvenile
- 24) 14:81.3 - Computer Aided Solicitation of a Minor
- 25) 14:81.4 - Prohibited Sexual Conduct Between Educator and Student
- 26) 14:81.5 - Unlawful Possession of Videotape of Protected Persons
- 27) 14:82 - Prostitution
- 28) 14:82.1 - Prostitution; Persons Under Seventeen
- 29) 14:83 - Soliciting for Prostitutes
- 30) 14:83.1 - Inciting Prostitution
- 31) 14:83.2 - Promoting Prostitution
- 32) 14:83.3 - Prostitution by Massage
- 33) 14:86 - Enticing Persons into Prostitution
- 34) 14:93.2.3 - Second Degree Cruelty to Juveniles
- 35) 14:93.1 - Exploitation of the Infirm
- 36) 14:94 - Illegal Use of Weapons of Instrumentalities
- 37) 14:102.1 - Cruelty to Animals; Simple and Aggravated
- 38) 14:108.1 - Aggravated Flight from an Officer
- 39) 14:128.1 - Terrorism
- 40) 14:282 - Operation of Places of Prostitution
- 41) 14:286 - Sale of Minor Children

Section IV: Recruiting and Interviewing Applicants

Job Description

Sample Job Description

Recruitment and Advertising

Contents of an Advertisement

Screening Applicants

Conducting an Interview

Sample Questions for a Face-to-Face Interview with an Applicant

Checking References

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Job Description

Before talking with prospective employees, it helps to write out a brief description of the job to provide the person who might become your employee with a description of what he/she would be doing each day he/she works to support you. A job description is used to define the duties and manage the time of your employees. A job description is not meant to replace any training or directions you give your employee. You should have the job description ready to hand out with each interview.

The following are some reasons why it is important to have a job description:

- You, as the employer, will know exactly what help you need.
- It can be used to ask questions when you interview applicants.
- It gives applicants a clear idea of what the position requires.
- After your employee has been hired, it may serve as a checklist of duties.
- It may be used as a way to evaluate your employee's job performance.
- It will help you know what is and what is not okay to ask the employee to do.
- It may help settle disagreements between you and the employee about the duties of the job.
- It helps keep the lines of communication open.

A job description should also include the days and times you want the employee to report to work and any special requirements you have for the employee you hire. For example, indicate whether you want someone who has his/her own car and is willing to drive you to appointments.

The key to your success as an employer is a specific, easy-to-understand job description for your employee. The job description you prepare must be consistent with your approved Plan of Care and with the service specifications of your program.

Remember, employees are only allowed to help you with the tasks and personal outcomes authorized and approved in your Plan of Care.

Sample Job Description

CRITICAL JOB ELEMENTS:

1. Provide assistant services as assigned, including bathing, dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping, and other tasks as requested.
2. Job involves lifting and bending.
3. Limited amount of travel.

HOURS:

Monday – Friday: hours are from 8:00 A.M. to 2:00 P.M.

Saturday and Sunday: hours are from 10:00 A.M. to 6:00 P.M.

KNOWLEDGE, SKILLS, ABILITIES:

1. Assistant must be reliable, punctual, neat, and organized, willing to perform tasks as requested, willing to learn job requirements, able to follow instructions.
2. No prior experience is required; assistant must be willing to learn.
3. Assistant must be certified in CPR/First Aid and must maintain current certification during employment.

OTHER REQUIREMENTS/CONSIDERATIONS:

1. I am looking for someone who wants job on a long-term basis and who agrees to follow health and safety precautions.
2. If assistant decides to discontinue employment, he/she must be willing to continue working until a replacement is found.
3. Prefer non-smoker, no pets, no children brought into my home and no personal visitors while on the job; not to use any of my personal possessions to include food and use of my telephone.

COMPENSATION:

Assistant receives salary equal to minimum wage or more.

*Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities*

Recruitment and Advertising

Now that you have completed the job description, you are ready to recruit and advertise for potential employees. There are many methods of advertising and recruitment that you can utilize when looking for good, dependable employees. Do not discount any possibility. Below are some suggestions for finding prospective employees:

- 1. Newspaper Advertisements**

Classified ads in newspapers are an efficient method to reach a large audience. Neighborhood newspapers are cheaper than major citywide newspapers, and are good to target potential employees who live closer to your home.

- 2. Local Newsletters**

Sometimes disability and other community organizations and churches will run short ads in their newsletters.

- 3. Colleges and Universities**

Colleges can be an excellent source for finding employees. Many students are looking for extra income to help them through college. Students that have majors in the area of health and human services are often looking for work experience. To advertise a position, contact the career placement office or the student housing office on campus. You might also try health related education departments such as physical therapy, occupational therapy, and nursing.

- 4. Word of Mouth**

Don't forget to ask family, friends and neighbors if they, or if they know of anyone who, would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position, too.

- 5. Local Agencies**

Social service organizations often keep a registry or list of direct service workers who may have received some basic training or have work experience. You can obtain a listing of direct service workers, who meet the established training requirements, in your area by submitting the "Direct Service Worker Registry Listing Terms and Conditions" form to the Self-Direction Program Manager.

- 6. Bulletin Boards in High Traffic Areas**

Hang flyers on bulletin boards in high traffic areas, such as: grocery stores, banks, apartment buildings, restaurants, community centers, and churches.

- 7. Local Employment Offices/Rehabilitation Agencies**

One source often overlooked is rehabilitation agencies.

- 8. Networking**

Networking is the exchange of information, names, resources, and services among and between individuals.



Contents of an Advertisement

The more complete the information in the advertisement, the more you can be sure that the prospects that contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

1. Your first name (It is recommended that you **not** use your last name.)
2. Job title and a short description of the job
3. Phone number

Helpful information you may include:

1. Hours
2. Qualifications required
3. Compensation and benefits offered
4. General Location (i.e., near downtown New Orleans)

It is **not** a good idea to include your address or other private information in the advertisement.

You may want to have your first meeting with an applicant in a public place rather than in your home.

The following are sample advertisements that you can use as a guide:

Personal Attendant - Needed to assist male with quadriplegia with personal care, shopping, and light housekeeping. Part-time, 4 days/week. Flexible schedule available. Driver's license preferred. This is an ideal position for a college student. Prime location near Southeastern Louisiana University. \$8.90/hr. Call (985) 111-1111 evenings for more information.

*Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities*

Screening Applicants

The Initial Telephone Contact

1. Give a brief description of the duties of the position, amount of hours the job requires, and the amount and method of pay and any benefits you will be providing.
2. If the applicant is interested, ask the applicable questions, and record answers:
 - a. Will you give me your name, phone where you can be reached, and address?
 - b. What days/hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
 - c. Have you ever assisted or worked for a person with a disability before? (If yes) Tell me a little about the kinds of tasks you performed.
 - d. Do you have reliable transportation?
 - e. Are you at least 18 years of age and do you have a valid Social Security number?
 - f. Do you smoke?
 - g. Are you allergic to pets? (If you have a pet in your home)
 - h. Are there tasks you object to performing (i.e., bathing, toileting, and dressing)?
 - i. Do you have any experience in lifting, transferring, and positioning? (If you need assistance with these activities)
 - j. Can you cook and would you mind doing housework?
3. Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to-face interview). Ask them to bring a Louisiana Identification Card or Driver's License, Social Security card, proof of automobile insurance (if they will be driving his/her own car as part of the job), names and numbers of at least three (3) references, and proof of address when they come for an interview. You may consider meeting at a "neutral" location outside of your home for personal safety purposes.
4. Even if the person is unsuitable for the job, always thank them for their interest.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Conducting an Interview

The Personal Interview:

Call those applicants that appeared to be good prospects and schedule each for a face-to-face interview, preferably in a nearby neutral location. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person that you may hire as an employee. Consider asking a friend or family member to join you so that you can compare your assessments of the applicant.

When the applicant arrives there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarification purposes:

1. Help the person feel as comfortable as possible, and get to know each other a little.
2. Tell the person about your disability in general. You will speak more in specifics during training if the applicant is hired.
3. Ask the applicant to see his/her identification. Examples include a valid Louisiana Driver's License or Identification Card with a picture, and Social Security card.
4. Ask the applicant to fill out an employment application. Employment applications are useful because they are a good way to keep up with the persons that you have interviewed. They also simplify record keeping and are an easy way to have quick access to the information you will need to make a final decision. It will give you good information to ask questions about during the interview as well as provide a good resource for back-up or substitute workers if your regular employee is unable to get to work.
5. Give him/her a copy of your job description to read and explain the duties and responsibilities of the job thoroughly. Ask if he/she can safely perform the functions of the job (i.e., lifting, transferring, etc.).
6. Ask the applicant to tell you about him/herself. Be sure to ask questions about past work history, reasons for leaving other employment, any past experience with personal assistance, and why they are interested in this position. Ask if you may contact former employers for a job reference. Ask about their career goals and why they are pursuing this type of work.
7. Describe the work schedule, pay method, any benefits and leave plan, and your method of evaluating an employee.
8. Give the applicant an opportunity to ask questions.

9. Tell the applicant you will call as soon as you make a decision (Be sure to contact the applicant even if you decide not to hire him/her). Thank them for their interest and time.

Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Sample Questions for a Face-to-Face Interview with an Applicant

The following are a few sample questions you can ask during the personal interview to help choose your assistant:

1. How far do you live from here? (Turnover tends to be higher among workers who commute long distances.)
2. Have you had any experience giving personal care?
3. Tell me how you approach multiple tasks to ensure that all are performed.
4. Are you comfortable performing personal care duties such as bathing and toileting?
5. What do you think will be the best and worst part of this job? What did you like best and least about your last job?
6. What are your best and worst qualities?
7. Why are you interested in being a personal assistant?
8. Give me an example of how you have handled disagreements with your past employers.
9. Describe a hypothetical "scenario," and ask what the applicant would do in that situation.

Warning: When interviewing applicants, apply the same standard that is applied to selection of job applications – ask only about things that are directly related to the job requirements for the position under consideration. Do not ask personal questions that do not apply directly to the job requirements. It is against the law, to discriminate against an applicant because of his/her race, color, religion, gender, sexual orientation, natural origin, or disability.

Checking References

Before you decide which applicant(s) you want to hire, check his/her work and personal references. Checking references is essential. It will give you valuable information about the applicant. Be sure to ask the applicant if you may contact his/her current employer for a reference check.

You can ask the following, but the previous employer is not legally required to provide you the information:

1. Did (name of applicant) work with you during (dates of employment)?
2. What kind of work did he/she do for you?
3. Why did (name of applicant) stop working for you?
4. Did he/she arrive to work on time?
5. Would you hire him/her again?
6. What were his/her strengths?
7. What could have been improved about his/her job performance?

According to Americare, Inc., if the applicant has held three or more jobs in the last five years, it is a sign he/she may not last.

Be sure to check work and personal references.



Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Section 5: Hiring Employees

Steps for Hiring Employees

Getting Started with a New Employee

Setting Employees' Work Schedule

Setting Employees' Hourly Pay Rates & Benefits

Setting Your Employees' Specific Tasks

Sample Employment Agreement

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Steps for Hiring Employees

The following steps will need to be completed in order to hire an employee:

1. Select the applicant(s) who you think would be the best employee for you, **based on your individual needs**.
2. Make sure the applicant has **CPR and First Aid certification card(s)** (as approved by the American Heart Association) and proof of **Direct Service Worker training** (as provided by an approved training facility) and make a copy of the forms/certificates for your records and to attach to the "Applicant Verification" form.
3. Have your support coordinator complete the "**Applicant Verification**" form to ensure that the applicant meets the requirements of your program.
4. Have the potential employee fill out the required forms located in the Start-Up Packet. These forms include:
 - a. **Form I-9**, Employment Eligibility Verification. This is a Federal form used to make sure that your employee is able to work in the United States. You, as the employer, must fill out Section II of this form.
 - b. Photocopy of **Social Security card** and **Identification card** (see the back of Form I-9 for more information on acceptable Identification cards).
 - c. **Form W-4**, Employee's Withholding Allowance Certificate. This form must be completed so that the correct federal income tax can be deducted from your employee's pay.
 - d. **Form L-4**, Louisiana Employee Withholding Exemption Certificate. This form must be completed so that the correct state income tax can be deducted from your employee's pay.
 - e. **Pay Selection Option for Employee** form. This form allows your employee to choose how they would like to be paid (direct deposit, or pay card). The option of having a paper check is no longer available. If your employee chooses to use direct deposit, a Direct Deposit Authorization form will need to be completed. If your employee chooses to use a pay card, a My Money Network Visa pay card and information kit will be mailed to the employee's home address. If your employee chooses the pay card option, your employee will not be charged a fee the first time the card is used during the pay period; however, your employee's pay card balance will be

reduced each time the card is used thereafter. A fee schedule with information about any associated fees will be sent to the employee regarding the pay card option.

- f. **Authorization for Direct Deposit** (optional). This form must be completed if your employee chooses to have payment deposited directly into his/her account.
 - g. **Employment Application**
 - h. **Provider Agreement**. This form establishes a payment agreement with the fiscal/employer agent and your employee and is a Federal requirement.
 - i. **Criminal Background Search Authorization** form. This form allows the fiscal/employer agent to conduct a criminal background check on your potential employee.
- 5. Complete the “**Employee Rate Form**” to set a rate of pay for your employee within the limits specified.
 - 6. Fax all the above items in #2-5 to the fiscal/employer agent.
 - 7. **Wait until the fiscal/employer agent notifies you that the applicant is clear for hire before you allow the applicant to do any work for you.** The fiscal/employer agent must notify you of an applicant’s employment eligibility within four (4) business days.
 - 8. Notify the applicant of his/her **start date**, which can be no earlier than the date the fiscal/employer agent clears the applicant for hire.
 - 9. Complete the “**Verification of Employment or Termination**” form and mail it to the Self-Direction Program Manager.

Getting Started with a New Employee

After the applicant has been cleared for hire by the fiscal/employer agent, he/she may begin working with you. On your employee's first work day, you should summarize many of the things you discussed during the job interview. You will review the authorized tasks that the employee will be doing for you, showing the employee where necessary supplies are kept and how you would like things done, and you will go over the employee's work schedule so that you are both clear on what days the employee will be coming and how many hours the employee will work each day. Then, you will want to share with the employee all of the information that he/she needs to give you the best care and protect you if an emergency occurs. Employees need to know the following information:

- Any health issues you have that will require special actions on the employee's part;
- How to correctly use any special equipment that helps you with your daily activities or maintains your health;
- Any allergies or special dietary concerns and how you would like the employee to respond to these concerns;
- Who to contact in case of an emergency;
- How to get out of the house in case of an emergency; and
- The best times for you to contact each other and the phone numbers where each of you can be reached.

You should be sure that each employee agrees to the following:

1. The specific tasks he/she will perform for you;
2. The hours and days he/she is expected to work and the need for advanced notice to you when he/she is unable to work the scheduled hours;
3. The rate of pay, pay period, pay days, and benefits he/she will receive;
4. Overall expectations related to his/her job performance; and
5. Under what conditions he/she may be released or fired from his/her duties.

Setting Employees' Work Schedule

You will set your employees' work schedule based on the self-directed hours that are available and approved in your Plan of Care and based on the service specifications for the service that your employee will be providing. The schedule that is developed should meet your needs and be clear to both you and your employee(s).

Here are some suggestions, to develop a schedule:

- ✚ Schedule your employee(s) on a monthly basis. If changes need to happen, there is time to work out the details.
- ✚ Post the schedule in at least one place.
- ✚ Give a copy of the schedule to your employees.
- ✚ Give advance notice for schedule changes (both you and the employee). For example, if you are going on vacation, tell your employees ahead of time about the change in the work schedule.

Remember, your "**Typical Weekly Schedule**," found in your approved Plan of Care, shows what days and times you are approved for self-directed services on a weekly basis. It is important to note whether you have other types of supports approved on your Plan of Care as these may be paid at different rates and must be coded on the employee's timesheet accordingly.

Specify with your employee the hours, the number of hours per day, and days per week that you expect him/her to be on the job. Stress the importance of a regular schedule and advanced notice of days or hours they are not available. Stress arriving and leaving on time.

Setting Employees' Hourly Pay Rates & Benefits

You, as the employer, will set an hourly pay rate for your employees. The "Employee Rate Form" as found in the fiscal/employer agent's Start-Up Packet must be completed for each employee and signed by the employer to establish an hourly pay rate for your employees.

Check the "Paying for Your Supports" section in the Start-Up Packet to find out what how much you can pay your employees for each service. Remember, day and night services have different maximum pay rates.

If you want to change your employee's hourly pay rate, then you will need to complete a new "Employee Rate Form." The completed form must be sent to the fiscal/employer agent for processing.

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Setting Your Employees' Specific Tasks

Tasks are activities that employees do to assist you in maintaining your independence and meeting your personal outcomes. Examples of tasks include assistance with bathing, driving, cleaning, and cooking. Remember, employees need to document the tasks they complete on a daily basis.

Tasks can be scheduled on a daily basis and/or on a weekly basis. Here is an example of a morning task schedule:

6:00 – 6:30	Get up, assist with showering, dressing, and brushing hair & teeth
6:45 – 7:15	Make breakfast, assist with eating, clean up dishes
7:15 – 7:45	Assist with toileting, make lunch, assist with taking medications
8:00	Wait and assist with carpool to work
	Shift done after leaving for work with carpool

Here is an example of a weekly task schedule:

Monday	Daily tasks and pool therapy
Tuesday	Daily tasks, ironing, clean bathrooms
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and pool therapy
Friday	Daily tasks and clean bathroom and living room
Saturday	Daily tasks and laundry
Sunday	Daily tasks, grocery shopping, and errands

Remember, you will set your employees' specific tasks based on your personal outcomes and needs, as specified in your approved Plan of Care, and on the service specifications for the service your employee will be providing. Your employee's specific tasks should be listed on his/her job description and/or employment agreement.

The following page contains a sample "Employment Agreement" that you can use with your employees.

Sample Employment Agreement

1. The employee will carry out the duties and responsibilities listed in the job description/list of assigned task.

2. The employee will work the following hours:

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

3. The employee will be paid \$____.____ per hour.

4. The employee is responsible for paying for long-distance telephone calls made by the employee.

5. The employee will not be paid for scheduled hours not worked.

6. Both parties to this agreement will respect each other's individuality and privacy and treat each other accordingly. Both will attempt to be flexible and work at solving problems as they arise.

7. At least a two (2) week notice will be given by the employee regarding termination of this agreement.

Other agreements/benefits:

Employer's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Section 6: Managing Employees

Managing Your Employees

Conflict Resolution

Termination of Employment

Performance Evaluations

Sample Performance Evaluation

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Managing Your Employees

Overall Expectations for your Employees:

It is important for you, the employer, and your employees to discuss your expectations, the importance of having open communication, and how the employee's job performance will be evaluated. Both you and the employee will have expectations of each other. You will want to talk about how issues will be addressed and resolved and the communication style you respond to best. The following open-ended questions are a guide to start the communication process:

Discussions you should have with each employee:

1. What I expect from you is
2. What you should expect from me

Issues you should address with each employee at the start of employment:

1. My approach to dealing with problems or issues is . . .
2. Your performance will be evaluated using the following criteria . . .
3. Some of the reasons for dismissal from this job are (examples: abuse, neglect, exploitation, unexcused absences, etc.)

Documentation of Management Activities:

You should document employee-related issues that may or may not lead to termination of the employee.

Documentation of events leading up to termination of an employee may be necessary to prevent your account from being charged additional unemployment taxes.

1. If the employee files a wrongful termination complaint with the Louisiana Workforce Commission, the documentation will be required to defend your actions in a hearing.
2. If the employee files a complaint of discrimination with Louisiana Workforce Commission or the Equal Employment Opportunity Commission, the documentation will be required to defend your actions in a hearing or a wrongful discharge or discrimination lawsuit.

Documentation of events leading up to termination of an employee should be documented to prevent misunderstandings and confusion and to document how you have tried to resolve problems.

Conflict Resolution

As with any employment situation, there will to be some areas of conflict at times between you as the employer and your employee. Sometimes conflict is due to poor job performance on the part of the employee. Perhaps the training received did not address procedures and techniques that you need the employee to perform. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing him/her difficulty. Many times this "refresher course" will solve what seems to be a serious problem.

Punctuality (i.e., arriving on time, following work schedule, doing tasks at specified times) is a frequent problem for some people. If a pattern begins, confront the employee as soon as possible. Convey the importance of timeliness to your life. Get him/her to agree to a timeframe. If the employee continues to violate that timeframe, let him/her go. Be sure to document all problems and conversations about problems.

There are other times when an employee and employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect employee turns out just the opposite. Document problems, conversations, training, and other steps used. Before you give up completely on the relationship here are a few suggestions to try to solve the problem:

1. **Keep the lines of communication open.** When a conflict arises, do not shut down. Keep talking and try to find out the true reasons behind misconduct. The problem will not go away by ignoring it.
2. **Bring in a third person to help settle the conflict.** A mediator, who is objective and neutral about the situation, can often find a resolution that both parties can live with.
3. **Look to your written agreement for resolution.** A written agreement helps prevent or clear up disagreements about duties, salary, time off and benefits. This is another good reason to have a complete clearly written agreement between you and your employee.
4. **Look for compromise in genuine differences of opinion.**

Termination of Employment

If all else fails, then you must take the responsibility of terminating (firing or dismissing) the employee. It may be due to failure to follow safety procedures, chronic lateness, inability to follow directions, or personality conflicts, but whatever the reason, it is never easy to do. The exact method you use is up to you.

You must notify the fiscal/employer agent whenever you terminate an employee or when an employee stops working for you. You must also mail the completed "Verification of Employment or Termination" form to the Self-Direction Program Manager.

It is recommended that you make arrangements for back-up coverage prior to terminating an employee. You may refer to "Protecting Your Personal Property and Personal Safety" section in this packet for more information.

Below are suggested ways to handle the difficult task of terminating an employee:

1. Do it in person (yourself), or do it over the phone if you feel more comfortable with this approach. [You may want to have third party (e.g., a neighbor, friend or relative) with you when you terminate an employee.]
2. It is your choice as to whether or not you give the traditional two-week notice.
3. Do not drag it out, be direct, and come straight to the point.
4. Some suggested methods of communicating the termination are: "I am sorry, but I do not feel you are appropriate for this job,"...."You are not fulfilling your job obligations"....or "I won't need your services anymore."
5. Be sure to have the employee sign his/her current timesheet before leaving. Submit the timesheet to the fiscal/employer agent with termination information. When the employer terminates an employee, the fiscal/employer agent must process the last paycheck within a certain number of days based on state law.
6. If the employee has a key to your residence or anything [e.g., credit cards, ATM (or "Automated Teller Machine") card, etc.] that must be returned to you, be sure to collect the items before the last paycheck is delivered.
7. Watch what you say to others about the situation, especially to other employees. It is best to maintain confidentiality related to employee issues.
8. Analyze what went wrong to avoid similar situations in the future with other employees. Be proactive when similar situations occur with others.

Remember, it is against the law to terminate or lay off an employee because of his/her age, race, religion, gender, sexual orientation, national origin, or disability.

Performance Evaluations

Optional

Give your employees a copy of the job description when they first start working so they will know the areas in which they will be reviewed. Also let them know if a pay raise is attached to results of their evaluation. You should have on-going conversations with each employee so that he/she will know if he/she is meeting your expectations. If there are problems, you should address the issues with the employee immediately. (Note: Document these incidents.)

As an employer, you should be proactive in dealing with employee job performance issues and conflicts. Proactive means to address a situation before it becomes a problem. There should be no negative issues in the performance evaluation that has not already been discussed with your employee.

When you meet with your employee for the evaluation, there should be two-way communication – you listen to the employee and the employee listens to you. Have some ideas of what you want to say in each area of the evaluation but also be prepared to listen to comments from your employee.

It is a good idea to conduct at least an annual evaluation of your employee's job performance.

The following is a sample evaluation you can use or adapt for use with your employee.

Sample Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows:

1 (poor), 2 (below expectations), 3 (mostly meets expectations),
4 (meets expectations), 5 (exceeds expectations)

Area evaluated	1	2	3	4	5
1. Punctuality Comments:					
2. Reliability Comments:					
3. Ability to do required tasks Comments:					
4. Respectful Comments:					
5. Shows initiative Comments:					
6. Organized Comments:					
7. Other: Comments:					

Goals for next 6 months / year:

Employee comments: _____

Signature of Employer: _____ Date: _____

Signature of Employee: _____ Date: _____

Section 7: Safety and Welfare

Employer Liability

Universal Precautions

Protecting Your Property and Personal Safety

Critical Incident Reporting Requirements

Where to Get Help

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Employer Liability

Your employees should not be subjected to circumstances that would create a hostile work environment. Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of his/her age, race, color, religion, gender, natural origin, or disability. In addition, the work environment must be free from recognized hazards that are causing or likely to cause death or serious physical harm.

The employer retains control over the hiring, training, managing, and firing of employees providing services, and as such, only the employer is responsible and liable for any negligent acts or omissions by the employee, the employer, the participant, the authorized representative, or by other people in the workplace.

Workers' compensation insurance is required as part of participation in the Self-Direction option. Workers compensation insurance covers an **employee's** on-the-job injury. Upon enrollment, your employees are automatically covered by workers compensation insurance.

Remember, employees of participants in the Self-Direction option are **not** employees of the fiscal/employer agent, the Office for Citizens with Developmental Disabilities (OCDD), or any other state or federal agency.

Work-Related Injuries:

Employers should require employees to immediately report any/all injuries or illnesses received on the job. The employer may also require that the employee document the injury (i.e., what, how, when, where, witnesses, injury, etc.) in a written report to file in the employee's file. The employer determines from the report if additional training and/or safety measures need to be taken to prevent a reoccurrence of each injury/incident. **The employer must notify the fiscal/employer agent as soon as possible of any injuries or illnesses received on the job by the employee.**

Non-Work Related Injuries:

The employee is not provided coverage/benefits in these programs, on or off the job, if/when:

- the injury occurred while the employee was intoxicated;
- the employee injured himself or herself intentionally or while unlawfully attempting to injure someone else;

- the employee was injured by another person for personal reasons;
- the employee was injured while voluntarily participating in an off-work activity;
- the employee was injured by an act of God;
- the injury occurred during horseplay, and/or;
- the injury was not sustained while at work or during work.

Universal Precautions

Universal Precautions requires that **ALL blood and body fluids** be regarded as potentially infectious and appropriate protective action taken in ALL situations, with ALL people.

Wash your hands for 30 seconds after contact with blood and other body fluids that have come in contact with blood. *(Wash inside and outsides of hands, between fingers and under fingernails.)*

1. **Wear disposable latex gloves when you encounter large amounts of blood, especially when you have open cuts or chapped skin.** Wash your hands as soon as you take off your gloves. *(Put gloves on, perform task, remove gloves, dispose of gloves and then wash hands as noted in item #1.)*
2. **Throwaway blood stained material in a sealed plastic bag and place it in a lined, covered garbage container.** *(Put gloves and paper towels in a plastic bag, tie the bag shut and dispose of the bag in a lined, covered garbage container.)*
3. **Cover cuts and scratches with a bandage until healed.** *(Place a clean bandage over wound prior to beginning work each day.)*
4. **Use disposable absorbent material, such as paper towels, to stop bleeding.** *(Fold several paper towels together and apply direct pressure to a wound; review proper disposal of used paper towels in item #3.)*
5. **Immediately clean up blood-soiled surfaces and disinfect with a fresh solution of one part bleach and nine parts water.** *(Measure the bleach and water solution into the spray bottle, spray the blood or other fluids, and wipe up with paper towels. Dispose of paper towels as reviewed in item #3.)*
6. **Put blood stained laundry in sealed plastic bags.** Machine-wash separately in hot soapy water. *(Place blood-soiled laundry in a plastic bag and tie the bag; wash the contents of the bag in hot water separating from any other laundry.)*

QUESTION: Why is it important to protect yourself from blood and body fluids?

ANSWER: Diseases and viruses are carried in blood and other body fluids.

QUESTION: If someone is injured and bleeding, what steps should you take?

ANSWER: Check the immediate to make sure it is safe for you, check the victim, call 911 for help, and apply pressure to the wound until help arrives.

Be sure to ALWAYS use Universal Precautions in ALL settings to clean up blood and body fluids as outlined above.

Protecting Your Property and Personal Safety

Following are tips on protecting your property and personal safety.

To protect your property:

1. **Make an inventory.** You should list valuable items, the date of purchase, and the original price. Save receipts and serial numbers if possible. Better yet, take photographs or make a video recording of your valuables. Give a copy of your inventory to your insurance agent, family member, and friend; and/or put another in a safe or safe deposit box. If you have a loss, it will help establish proof of value for filing an insurance claim.
2. **Mark valuable items.** Marking things a thief would be likely to steal, like the TV and stereo, will help police trace them and return them to you if they are recovered. Use an engraving pen. Many times they're available for loan from your police station. Ask the police which numbers to use. Usually your driver's license number with state abbreviation or your social security number is recommended.
3. Everything should have a **place** known to you and should be kept in that place. Make it evident that you are aware of your surroundings, your possessions, and where those items belong through casual conversation.
4. Keep an **inventory** of your consumables (i.e., food, supplies, etc.). Keeping close tabs on your consumables can help to control purchasing.
5. You may consider purchasing a **homeowner's or rental insurance policy** to help you recover some of your property in case of fire, flood, theft, or other loss.
6. When you must terminate an employee, **check your telephone bill** and make sure there are no phone calls charged to your number by an ex-employee.

7. **Check credit card bills for charges you did not make;** and if you allowed your employee to withdraw money with your ATM, change your PIN number.
8. **Be sure to get your keys from your employee when you are terminating.** Change your locks if the employee does not return your keys.
9. If the ex-employee threatens you during the termination conference, be sure to **notify your support coordinator of the threat.** You may need to contact the police. You should notify neighbors and others that you have terminated the employee. Ask neighbors to check on you if they see the ex-employee's car or the ex-employee around your house.

To Protect Your Personal Safety:

1. You have the right to be treated and to receive program services without being taken advantage of sexually, financially, or in any other manner, and to terminate exploitive or abusive relationships. If you feel that a behavior an employee or anyone is displaying toward you is inappropriate, **talk to someone you can trust** about the situation. It can help to get a second opinion of the situation and how to handle it.
2. Remember that criminals often enter through unlocked doors or windows. **Keep your doors locked** - especially at night. If it is a friend at the door, he or she won't mind waiting on you to open the door. You may want to ask friends and family members to call before coming over so you are expecting them.
3. If you suspect someone is trying to get into your home, **call 911.** Even if you are not sure, it is best to **call 911.** If it is an employee or someone else you know, but they are acting suspiciously, call the police.
4. Most sexual abuse happens with someone known to the person. Remember you have **the right to say no** to any unwanted touch, whether it is an employee, a romantic partner, friend, or family member.
5. If you receive an unwanted sexual touch from an employee, be aware that it is a violation of professional ethics, your rights and the law. **Report it as soon as you can** to the police by calling **911.** For support, call your local rape crisis center and/or a personal counselor.
6. **Trust your gut feeling.** If you feel unsafe, terminate the relationship with the other person.
7. Have trusted friends and family handle things that you do not feel comfortable delegating to an employee (i.e., assistance with financial matters). Let your employees know that **your friends and family are watching out for your well-being.** Let

neighbors you trust know your schedule and ask them to keep an eye on your home. You may also want to ask friends and family members to call or drop by to visit while a new employee is in your home.

8. If you are experiencing **abuse, neglect, exploitation, or extortion** call law enforcement immediately then notify your support coordinator as soon as possible.

9. Always dial 911 in an emergency and for immediate assistance.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities.

Critical Incident Reporting Requirements

In accordance with Louisiana law, "any person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a [participant] has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department. " Further, "Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement."

This means that the following critical incidents must be reported **as soon as possible** to the participant's support coordinator:

- Abuse (adult/elderly): The infliction of physical or mental injury on a participant by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (Louisiana Revised Statutes 14:403.2).
- Abuse (child): Any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child including:
 - The infliction or attempted infliction or attempted infliction, or, as a result of inadequate supervision, the allowance of or toleration of the infliction or attempted infliction of physical or mental injury upon the child by a parent or by any other person.
 - The exploitation or overwork of a child by a parent or by any other person.

- The involvement of a child in any sexual act with a parent or with any other person, or the aiding or toleration by a parent or the caretaker of the child's sexual involvement with any other person, or the child's involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state. (Louisiana Children's Code, Article 1003).
- Neglect (adult/elderly): The failure, by a caregiver responsible for an adult's care or by other parties, or by the adult participant's action or inaction to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes. 14:403.2).
- Neglect (child): The refusal or failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment or counseling for an injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a will – recognized religious method of healing which has a reasonable, proven record of success, the child shall not, for that reason alone, be considered neglected or abused. Disagreement by the parents regarding the need for medical care, shall not by itself, be grounds for termination of parental rights. (Children's Code Article 1003).
- Exploitation: The illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of the person's or disabled adult's power of attorney or guardianship for one's own profit or advantage. (Louisiana Revised Statutes 14:403.2).
- Extortion: The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 14:403.2).
- Self-Neglect: The failure either by the adult participant's action or inactions to provide the proper or necessary supports or other medical, surgical, or any other care necessary for his/her well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected.
- Major Injury: Any suspected or confirmed wound or injury to a person of known or unknown origin which requires medical attention by a physician, nurse, dentist, or any licensed health care provider. Note – this category is used only if there is no reason to suspect abuse or neglect. If abuse or neglect is suspected, then the

proper category is either abuse or neglect and the incident should reflect the applicable category.

- Fall: A fall occurring when the person is:
 - Found down on the floor (un-witnessed event); or
 - Comes to rest on the floor unintentionally, assisted or un-assisted, apparently due to one of the ten most likely risk factors for falls (i.e., muscle weakness, history of falls, gait deficit, use of assistive device, visual deficit, arthritis, impaired activities of daily living, depression, cognitive impairment, and age greater than 80 years) and/or other risk factors such as use of psychotropic medications, anti-arrhythmic medications, dioxins, and diuretics.
- Major Illness: Any substantial change in health status, illness, or sickness (suspected or confirmed) which requires unscheduled treatment, or other medical intervention by a physician, nurse, dentist, or other licensed health care providers.
- Death: The cause or manner of dying. All deaths are reportable regardless of the cause or the location of where the death occurred.
- Major Medication Incident: The administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong person, or the failure to administer a prescribed medication, which requires or results in medical attention by a physician, nurse, dentist, or any licensed health care provider.
 - Staff error: The staff fails to administer a prescribed medication or administered the wrong medication or dosage to a participant, or fails to fill a new prescription order within twenty-four (24) hours or a medication refill prior to the next ordered dosage.
 - Pharmacy error: The pharmacy dispenses the wrong medications, et cetera.
 - Person error: The person, or participant, unintentionally fails to take medication as prescribed.
 - Family error: A family member intentionally or unintentionally fails to administer a prescribed medication refill prior to the next ordered dosage.
- Involvement with Law Enforcement: A participant or his/her staff or others responsible for his/her care is/are involved directly or indirectly in an alleged criminal manner, resulting in law enforcement becoming involved such as:
 - The participant is arrested.
 - An on-duty staff person is arrested/charged with an offense/crime.
 - An on-duty staff person is issued a citation for a moving violation while operating an agency vehicle, or while transporting the participant in a private vehicle.

- Restraint use: Any physical, chemical, or mechanical intervention used to control acute, episodic behavior that restricts movement or function of a participant or a portion of a participant's body. The following are categories of restraint use:
 - Behavioral restraint: Restraints used to suppress a participant's behavior and do not include restraints utilized when conducting a medical treatment. Behavioral restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints.
 - Medical Restraint: Restraints applied as a health-related protection that are prescribed by a licensed physician, licensed dentist, or licensed podiatrist. Such restraints are used when absolutely necessary during the conduct of a specified medical or surgical procedure or when absolutely necessary for the protection of a participant during the time that a medical condition exists. Medical restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints. The appropriate use of "light sedation" is not considered a medical restraint.

If the incident involves **abuse, neglect, exploitation, or extortion**, then law enforcement should be contacted immediately.

You, as the employer, are responsible for completing all of the following actions:

1. Reporting critical incidents as soon as possible to the support coordination agency and as necessary to law enforcement;
2. Assisting in gathering information about the circumstances and details of the critical incident; and
3. Participating in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Where to Get Help

EMERGENCY SITUATIONS:

Call your local law enforcement agency (police or sheriff) or 911 if the situation is an emergency. If in doubt about an emergency situation, dial 911.

- If you suspect an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
- If you suspect a child has been abused or mistreated you are required to report it to your parish Child Protection Office.

PROGRAM CONTACTS:

Office for Citizens with Developmental Disabilities
Attn: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821-3117

Telephone: 1-866-783-5553 or 225-342-0095
Fax: 225-342-8823

Section 8: List of Appendix

Waiver Services and Limits

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